

## CITY OF ROANOKE HEALTH AND DENTAL PAYROLL DEDUCTION FORM

All full-time employees must complete and sign this form.

Please check the first box listed below and sign at the bottom of the form if you do not want both Blue Cross and Delta Dental insurance benefits. This form cannot be used for making changes in your health care or dental coverage. You must complete new payroll deduction forms for that purpose.

☐ I elect no health or dental insurance coverage.

Please check one of the other two boxes below to show whether you want your health care and/or dental premiums deducted from your paycheck on a pre-tax basis or after-tax basis. **This election will continue until you cease to be eligible to participate in the plan or until you terminate employment or coverage.** Be sure to read and sign the bottom part of the form.

☐ I elect pre-tax premiums

I want to have my insurance premiums deducted on a pre-tax basis. I authorize the City of Roanoke to make pre-tax contributions on my behalf for my insurance coverage.

☐ I elect after-tax premiums

I want my insurance premiums to be deducted on an after-tax basis.

**Regardless of the option I have checked above, I understand that I can only change my type of insurance coverage once a year during the open enrollment period unless I have a qualifying event. This includes enrolling, cancelling coverage or adding dependents to existing coverage. Qualifying events are:**

- marriage or divorce
- birth or adoption of a child
- death of spouse or child
- termination of spouse's employment or spouse's loss of medical coverage
- disqualification of a child for dependent coverage

**An application for change in coverage must be completed within 30 days of the qualifying event and proof of the qualifying event must be presented.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Department